

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 0625307 FILING DATE 3
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				31								
2							32								
3							33								
4							34								
5							35								
6							36								
7							37								
8							38								
9							39								
10							40								
11							41								
12	1		1				42								
13	1		1				43								
14							44								
15							45								
16							46								
17							47								
18							48								
19	1		1				49								
20							50								
21															
22															
23															
24	1		1												
25	1		1												
26	1		1												
27															
28	1		1												
29															
30	1		1												
31	1		1												
32															
33	1		1												
34	7		7												
35	7		7												
36	1		1												
37	1		1												
38	7		7												
39															
40															
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL IND.	11		11				TOTAL IND.								
TOTAL DEP.	46		46				TOTAL DEP.								
TOTAL CLAIMS	57		57				TOTAL CLAIMS								

79
18
57